



# LEWIS & CLARK CITY-COUNTY Health Department

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## Notice of Privacy Practices

This notice describes how the Lewis and Clark City-County Health Department (Health Department) may use and disclose your Protected Health Information and how you can get access to your health information. The Health Department is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy of your Protected Health Information. The Health Department is also required by HIPAA to give you notice of its duties and practices with respect to Protected Health Information.

### Our Legal Duty

The term "Protected Health Information" includes information that can be used to identify you and that relates to your past, present, or future health or condition. It also includes information about any health care services that have been provided to you and payment for these health care services.

The Health Department, with exceptions spelled out below, must keep your Protected Health Information private. We may not disclose this information without your written authorization, unless otherwise permitted or required by law as described below.

You may revoke your written authorization for disclosure of Protected Health Information, in writing, at any time. This will not affect disclosures made before we receive the revocation or if your authorization was obtained as a condition of getting insurance coverage.

The Health Department is required to ask for your acknowledgment of receipt of this Notice.

The Health Department must post its Notice of Privacy Practices in a prominent location where it is reasonable to expect that people seeking our services will be able to read it.

The law permits changes in our privacy practices. Before we make a significant change, we will change our Notice of Privacy Practices and post the new notice in the waiting area and on our web site at [www.lewisandclarkhealth.org](http://www.lewisandclarkhealth.org).

### Your Legal Rights

Under HIPAA, you have the right to:

- Inspect and copy your Protected Health Information. We charge a fee to cover our costs of making the information available, such as photocopying. You may not have access to information for a civil or criminal proceeding.
- Ask us to restrict the use or disclosure of your Protected Health Information. If you pay for services with cash, you can instruct the health department not to

share information about your treatment with your health plan. The Health Department will honor such requests to the extent possible. If we are unable to do so, we will notify you.

- Request to receive confidential communications from us by alternative means or at an alternative location. We may ask you for information as to how you will handle payment or to specify an alternative address or other method of contact.
- Ask us to amend your Protected Health Information. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.
- Receive an accounting of any use or disclosures we may make of your Protected Health Information other than for treatment, payment, or health care operations. The accounting will exclude disclosures we may make to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures.
- Request and receive a paper copy of this notice.

## **Use and Disclosure Exceptions**

The following examples are meant to illustrate the types of situations in which the Health Department may use or disclose your Protected Health Information without your written authorization.

- **Treatment:** The Health Department may disclose your Protected Health Information to provide, coordinate, or manage your health care and any related services. For example, we may provide your Protected Health Information to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.
- **Health Care Operations:** The Health Department may use or disclose your Protected Health Information to support our business activities. For example,
  - a. during review of the performance or qualifications of health care professionals
  - b. as part of accreditation, certification, licensing, or credentialing activities
- **Payment:** The Health Department may share your Protected Health Information with a third-party payer, such as an insurance company, in order to receive payment for services we have provided to you, or to receive approval for a planned treatment or ensure coverage. A third-party payer may include an insurance company or health care clearinghouse, Medicare, Medicaid, or any agency appointed as an administrator of Medicare or Medicaid, Tricare, or Indian Health Services. A third-party payer may also be a parent or guardian, but the Health Department will only disclose information to a parent or guardian in accordance with applicable state or federal law. Your Protected Health Information may be used to seek payment from other sources that you may use to pay for services, such as credit card companies.

- Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify your Protected Health Information that directly relates to that person's involvement in your health care.
- We may use and disclose your Protected Health Information if we have tried to get your acknowledgment of our Notice of Privacy Practices but have been unable to do so due to communication barriers, and we have determined that you would be likely to agree to the privacy practices.

**Other situations** We may also disclose your Protected Health Information as follows:

- We may call you by name in our waiting room.
- We may contact you by telephone or mail for appointment reminders and information about health-related benefits or services that may be of interest to you.

## **Use and Disclosure Requirements**

Sometimes, the Health Department is required by law to disclose your Protected Health Information. They are:

- to a public health authority that is authorized by law to collect and receive your Protected Health Information to prevent or control disease, injury, or disability;
- to report child abuse or neglect and other abuse, including elder abuse or domestic violence, to appropriate agencies;
- to a person who may have been exposed to a communicable disease or is at risk of contracting or spreading a disease or condition, if the Health Department is authorized by law to notify such person;
- to a health oversight agency, such as the U.S. Department of Health and Human Services, to perform investigations such as audits; civil, administrative, or criminal investigations; licensure; or disciplinary actions;
- in response to a court order, subpoena, discovery request, or other lawful process, to the extent permitted by law; and
- to law enforcement officials:
  - (a) to report certain types of wounds or physical injuries;
  - (b) pursuant to a court order, warrant, or subpoena issued by a judge or other authorized person, grand jury subpoena, or administrative request;
  - (c) to provide investigative information to locate and identify a suspect, witness, fugitive, or missing person;
  - (d) to provide information about an individual who is or is suspected to be a victim of a crime;
  - (e) to provide information about an individual who has died for the purpose of alerting law enforcement of the death of a person due to criminal conduct;

- (f) to report evidence of criminal conduct that occurred on the Health Department premises;
- (g) to report, in an emergency setting, that a crime may have taken place, the location of a crime, the victims of a crime, and the identity and description of the perpetrator of a crime
  - to coroners or medical examiners for the purpose of identifying a deceased person, determining cause of death, and the like;
  - to funeral directors so they can carry out their duties and responsibilities;
  - for research projects, subject to strict oversight and approvals;
  - to prevent, lessen, or avert a serious or imminent threat to a person's health or safety, including notifying the target of a threat;
  - to the government for specialized governmental functions, including disclosures to facilitate recovery of lawful intelligence and national security activities, to provide protective services for the President of the United States and others authorized by law; and other similar functions;
  - to the government or a health plan administering a government program providing public benefits for the purpose of determining eligibility for or enrollment in the health plan; and
  - to a correctional institution if you are an inmate.

## **Complaints**

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we have made about access to your records, you may contact the person listed below to file a complaint. You also may send a written complaint to the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 515F HHH Building, Washington, DC, 20201.

Mike Henderson, Privacy Officer  
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